## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number			Report Filed E		ite Caro	Committee		Lobbyist
Name of Filing Con Lobbyist Street Address	nmittee, Can	didate or	FRIS	enD5	of I	MELUI.	NWIM	enspood
City		<u> </u>	<u> 70</u>	State	$\frac{O}{\rho}$	Zip Code	16512	
	<u> </u>	Eins	٠ .		PA		16510	
Type of Report (Pla							<u> </u>	
1-6 <sup>th</sup> Tuesday 2- Pre-Primary Pr		3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election			Year		Amendment		Termination	
(MM/DD/YYYY)					Report		Report	
Summary of Receip Expenditures	pts and	From Date	To Date	31/17		For	Office Use Only	
A. Amount Brough	nt Forward Fr	om Last Report	\$ 4	94.82				
B. Total Monetary (From Schedule I)		s and Receipts	\$	Ø				
(Sum of Lines A an	C. Total Funds Available \$ 464.82 (Sum of Lines A and B)							
D. Total Expenditures \$ 440.00						:		
[14] · [14] · [14] · [15] · [15] · [16] · [16] · [16]	E. Ending Cash Balance \$ 54.60 (Subtract Line D from Line C)						# A	
F. Value of In-Kind (From Schedule II)			\$	Ø,	1			₩ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
G. Unpaid Debts ar (From Schedule IV)		is	\$	$\mathscr{P}$				
Part 1- If this is a <b>Con</b>	nmittee report	, treasurer sign he	re. If this is a <b>Ca</b> i	Affidavit Se n <b>didate</b> report, c				
I swear (or affirm) tha	at this report, i	ncluding the attac	hed schedules o	n paper, is to the	best of my knowle	dge and belief t	rue, correct and comple	ete.
Sworn to and subscril	Sworn to and subscribed before me this  3/5/T day of 172 MUBAN 20 / S COMMONWEALTH OF PENNSYLVANIA ON COLOR							
Larry D.	Muedi	6	LARRYD	IAL SEAL . MEREDITH _	ろいれA	of Person Subm		_
My Commission expir	res <u>5</u> //	15 19 My	CITY OF ERIE	y Public , ERIE COUNTY xpires May 15,	2019 Area Code	<u>2</u>	18 - 8557 ytime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.								
Sworn to and subscribed before me this								
3/5/ day of U	Janary M. M	/ /Scom	NOTARIAL		MULLOW Sig	nature of Candi	herofolds	<del></del>
- Navay F	anature		LARRY DIME Notary Pi	ublic	Citie	Printed Name	aurs pour	<u>.                                    </u>
My Commission expi	res <u> </u>	My Co	TY OF ERIE, EF umission Expir	RIE COUNTY es May 15, 201	Area Core	Day	146 - Q35 time Telephone Numbe	<u> </u>

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

-Filer Identification Number	
1 Uniteraised Contributions and Descripts CCO 00 as Less nor Contributes	
1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page Item 8)	\$

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Number				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee	induitig			Date [MIM/DD/TTTT]	
					:
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Programme Control of the Control of	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing	7/		Date [MM/DD/YYYY]	\$
Committee			•		
House #	Street Address			Date [MM/DD/YYYY]	\$
				, , • · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					ange Mari
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	1				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$ :
House #	Street Address			Date [MM/DD/YYYY]	\$ .
	Suest Audiess			··· Freed and heart 11 v	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				:	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
			no e o		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					+4

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Flier Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
Alegons yearts					
House #	Street Address			Date [MM/DD/YYYY] \$	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code	Date [MM/DD/YYYY] \$	
City					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
The state of the s	1.644 (1.00) 1.644 (1.00) 2.674 (1.00)			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MNI/DD/1111] \$	
<b>Civ</b>	[4:15 <u>225</u> 564-11]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	OSCIONARIO DE SELECTO	and the first term of the control	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			1901年 新年中央		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address	<del></del>		Date [MM/DD/YYYY] \$	
City	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code	Date [MM/DD/YYYY] \$	
				12 V (2) 22 12 12 12 12 12 12 12 12 12 12 12 12 1	
Full Name of Co	intributor.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		e se co	[0]:20#25425[0]	Date [MM/DD/YYYY] \$	
City		State	Zip Code	SANGEMINA AND THE PROPERTY OF	
Full Name of Co	ntributor	1 - 5 - 1 - 1 1 5 2 5 0	A 1995 NO March	Date [MM/DD/YYYY] \$	
House #	Street Address		<u></u> .	Date [MM/DD/YYYY] \$	
City	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$	

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:				
Full Name of Committee			Date [MM/DD/YYYY]	is in the second
House # Street Address			Date [MM/DD/YYYY]	<b>IS</b>
「A TO A TO	State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Full Name of Contributing Committee	s war arrive	1 · · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	Professional Control of Control o
House # Street Address			Date [MM/DD/YYYY]	
Giy	State	Zip Code		\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			7. (2004) A March 1. (2004) Fr. (2004) A March 1. (2004)	
City	State	Zip Code		
Full Name of Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code		
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
City)	State	Zip Code	Date [MM/DD/YYYY]	S S S S S S S S S S S S S S S S S S S
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address		Disar Section and Co.	Date [MM/DD/YYYY]	; <b>S</b> .

## PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

		_		
Full Name of Contributor			Date [MM/DD/YYYY]. \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
dty	State	ZIp Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address Principal Place of Business			I SOL	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
Gty.	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor		_	Date [MM/DD/YYYY] \$	
House # Stre	eet Address		Date [MM/DD/YYY] \$	

Zip Code

State

City

Employer Name

Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY]

Occupation

\$

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	ber:			
Full Name	<b>2.14 全日</b>			
House #	Street Address			
ART LEVEL STORY		State	Direction (Ann.)	Date [MM/DD/YYYY] \$
City (		State	Zip Code	Date IMM/DD/11/11
Receipt Description		The Care		
Full Name				
House #	Street Address			
City		State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Description	### 1	<u> </u>		
Full Name		<u> </u>		
House #	Street Address			
City		State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Description		Pariting In		. «
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	- 14명 - 14\theta	65-50	The state of the s	- Priped
Full Name			118 1	
House #	Street Address	·		
City		) <b>State</b>	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	######################################	+ 1, 4877 323	Takkan paga Kapa	
Full Name	では、 (24. 1975) (3. 1975) (3. 1974)			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•	

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	<del></del> -		
L. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER C	ONTRIBUTOR .
TOTAL for the reporting period	(1)	\$	
	COVED VALUE OF CED OF	TO COED ON (EDONA DARTE)	
2. In-KIND CONTRIBUTIONS REC	EIVEU-VACUE OF \$50.01	10-3230.00 (FROM FART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECI	EIVED-VALUE OVER \$250	OO (FROM PART G)	
TOTAL for the reporting period	(3)	\$	[2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
TOTAL for the reporting period	(3)		
TOTAL VALUE OF IN-KIND CONTRIBUTION		'	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; al	so enter	

## SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
13 15 (18 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1		

Full Name of Co	ntributor			Date [MM/DD/YYYY]	<b>\$</b>
					iligi.
House #	Street Address			Date [MM/DD/YYYY]	
City	Learning of Section 2	State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution		To a strange of		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	<b>5</b>
City	[pub]ika ta be etka ta ba ba pasab]	State	Zip Code	Date [MM/DD/YYYY]	5
Description of C	ontribution	- 60 C	To the contract of the col		
Full Name of Co	ntributor	•		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	Fax 118 20 10 10 10	State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution.				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	Section 19	State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution				
Full Name of Co				Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
City	[1475-1476-1476-1476-1476-1476-1476-1476-1476	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				

## SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Stre	eet Address	Date [MM/DD/YYYY] \$
<b>Cly</b>	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address Place of Business	/ Principal	Description description Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
	et Address	Date [MM/DD/YYYY] \$
(CITY)	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address Place of Business	/ Principal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
	et Address	Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYY] \$
Employer Name		Occupation
Employer Mailing Address Place of Business	/ Principal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street	48 TO 1876 PERSON	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation

Employer Mailing Address / Principal Place of Business

Description Contribution

# Statement of Expenditures

Filer Identification Number:	

To Whom Paid		Λ		Date [MM/DD/YYYY] \$
	SFK	CENTER		3/13/17 240.00
House # 20 7 (	Street Address	EZOM	h Street	Description of Expenditure
City	Enii	State PA	Zip Code /6570	TABLE FOR THUIS COME
To Whom Paid	00.1	1 . 14	<u> </u>	Date [MM/DD/YYYY] \$
	MELUIL	WIMERS	PUUN	<b>サ/ベンバー/ ・  部間 </b>
House#	Street Address	C 30M	) Street	Description of Expenditure
Einy S	inie_	State PW	Zip Code 14504	REIMS BER DONAHONTO ENE ICE BASKETBALL, FAC
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	[10] [10] [10] [10] [10] [10] [10] [10]	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City (1)		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	-		Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	TOTAL STATE OF THE	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	<u> </u>	,	Description of Expenditure
City	Tabassada Aprili (1995 grant)	State	Zip Code	1 4 (cm (cm), 200, 200 - 100, 500 cm (cm), 200 cm (cm), 2
To Whom Paid		Berra Carl	1 1/2	Date [MM/DD/YYY] \$
House #	Street Address		200.00	Description of Expenditure
City		State	Zip	表:2000年7月24日,2000年8月2日日本中,是中国大学的教育科技的工作公司是提出的
			Code	

#### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Credito	or	··-	Outstanding B	alance of Debt
House #	Street Address		DEBT INCURRED \$ M/DD/YYYY]	1. 100年6月 中央 一十年 多种 (管理)
City		State	Zip Code	
Description of D	Debt		- Section of Control o	
Name of Credito	or the state of th		Outstanding B	alance of Debt
House #	Street Address	1 120000	DEBT INCURRED \$ M/DD/YYYY]	i i si edelinensky by i i s
City		State	Zip Code	
Description of D	Debt			
Name of Credito	or		Outstanding B	alance of Debt
House #	Street Address	■ 1. (1) 1 × 1. (1)	DEBT INCURRED \$ M/DD/YYYY]	e <u>r vi</u> se e e i i i i i i i i i i i i i i i i
City		State	Zip	
Description of D			Resident and the land of	were and a store a temperature
Name of Credit		Page / Date	Outstanding B DEBT INCURRED \$	alance of Debt
nouse #	Street Address	Entrance of the second	M/DD/YYYY]	
i <b>City</b>		State	Zip Code	
Description of D	Deat	1 22 3 2 2 2 2 2 2 2		
Name of Credit	or .		Outstanding B	alance of Debt
House #	Street Address	. 17 17 17 18 18 18	DEBT INCURRED \$ M/DD/YYYY]	<u>a garge samura (i e e e e e e e e e e e e e e e e e e </u>
City		State	Zip Code	
Description of E	Debt			
Name of Credite	Or.		a 是 15 19 10 4 10 11 11 11 11 11 11 11 11 11 11 11 11	alance of Debt
House #	Street Address		DEBT INCURRED \$ M/DD/YYYY]	
Clty	日本学生 日本学生 日本	State	Zip Code	
Description of E	Debt	F1/45/25/41/41	TT 577 (14) [286]	